



STATE OF CALIFORNIA  
BUSINESS, TRANSPORTATION AND HOUSING AGENCY  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF CODES AND STANDARDS  
OCCUPATIONAL LICENSING PROGRAM

PRELIMINARY OR CONTINUING EDUCATION  
COURSE PROVIDER CHANGE OF OWNERSHIP

FOR DEPARTMENT USE ONLY

DTN: \_\_\_\_\_

Approved By \_\_\_\_\_

Disapproved  
By \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 1 - COURSE PROVIDER INFORMATION**

APPROVAL NO.: \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ (\_\_\_\_\_) Telephone \_\_\_\_\_

DOING BUSINESS AS (DBA) NAME (If applicable): \_\_\_\_\_ (\_\_\_\_\_) Telephone \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(If Different) Number and Street City State ZIP Code

MAILING ADDRESS: \_\_\_\_\_  
Number and Street or P. O. Box City State ZIP Code

Check Applicable Box(es): This is a new ☐ business address, ☐ mailing address, and/or ☐ name change.  
Attach articles of organization or corporate minutes if this is a name change for a limited liability company (LLC) or corporation.

**SECTION 2 - OWNERSHIP STRUCTURE**

REMOVING PARTNERS/MEMBERS/OFFICERS/DIRECTORS/CONTROLLING STOCKHOLDERS: Complete Sections 3, 5, 7, and submit with a fee of forty-five dollars (\$45). Fees are subject to change. California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Section 5360(j) (hereinafter 25CCR). A relinquishment of partnership form must be submitted for each partner being removed. For corporations, attach corporate minutes. For a LLC, attach articles of organization.

ADDING PARTNERS/MEMBERS/OFFICERS/DIRECTORS/CONTROLLING STOCKHOLDERS: Complete Sections 4, 5, 6 and 7, and submit with a fee of forty-five dollars (\$45). Fees are subject to change. (25CCR Section 5360(j)). Attach corporate minutes, articles of organization, or written partnership agreement, whichever is applicable.

**SECTION 3 - REMOVED PARTNERS/MEMBERS/OFFICERS/DIRECTORS/CONTROLLING STOCKHOLDERS**

PLEASE TYPE OR PRINT

FULL NAME	TITLE	EFFECTIVE DATE

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

**SECTION 4 - NEW PARTNERS/MEMBERS/OFFICERS/DIRECTORS/CONTROLLING STOCKHOLDERS**

PLEASE TYPE OR PRINT

FULL NAME	TITLE	EFFECTIVE DATE

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

**SECTION 5 - APPROVAL REQUIREMENTS**

Each person listed in SECTION 4 must submit the following as an attachment to this form:

1. Application for Preliminary or Continuing Education Course Approval, Part B.
2. Two (2) full facial photographs, minimum size 1 1/4" x 1", taken from a maximum distance of six (6) feet.
3. A properly completed Live Scan form (Form HCD OL 8016). Only California Department of Justice (DOJ) approved live scan facilities may be used, unless exempt. See DOJ's website for approved facilities at <http://ag.ca.gov/fingerprints/publications/contact.htm>. If there are no live scan facilities available in your area or for out-of-state applicants, please contact us at (916) 323-9803 for directions and fingerprint cards. Applicants must pay the live scan operator directly for scanning their fingerprints. 25CCR Sections 5340(a)(5) and 5342(a).

**SECTION 6 - CURRENT OWNERSHIP STRUCTURE**

LIST THE CURRENT PARTNERS, MEMBERS, OR CORPORATE OFFICER(S), DIRECTOR(S) AND CONTROLLING STOCKHOLDER(S) BELOW:

FULL NAME	TITLE	RESIDENT ADDRESS

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

**SECTION 7 - CERTIFICATION****I. INDIVIDUAL**

I certify under penalty of perjury that the foregoing and any attachments hereto are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

**II. PARTNERSHIP**

We certify under penalty of perjury that the foregoing and any attachments hereto are true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

**III. LIMITED LIABILITY COMPANY (LLC)**

I/We certify under penalty of perjury that I/we am a/are manager(s) in (name of business) \_\_\_\_\_ and have filed Articles of Organization pursuant to California Corporations Code section 17050 et seq., in the State of California and am/are authorized by the California Secretary of State to transact business in California, and that all answers and information contained within this application and any attachments hereto are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_

**IV. CORPORATION**

I certify under penalty of perjury that the foregoing and any attachments hereto are true and correct to the best of my knowledge and belief.

AFFIX CORPORATE SEAL HERE

\_\_\_\_\_  
Signature of Corporate Officer Authorized to Sign for Corporation

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

EXECUTED IN THE COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_